



Granville Primary Care & OB-GYN and Granville Primary Care Butner-Creedmoor
Sliding Fee Discount Application – Financial Assistance

It is the policy of Granville Health System to provide essential services regardless of the patient’s ability to pay in our Primary Care and OB-GYN practice locations. Granville Health System offers discounts based on family size and annual income.

Please complete the following information and return it to the front desk to determine if you or members of your family are eligible for a discount. The discount will apply to all services received at this clinic, but not those services or equipment purchased from outside, including reference laboratory testing, drugs, x-ray interpretation by a consulting radiologist, and other such services. You must complete this form every 12 months or if your financial situation changes.

GUARANTOR / PATIENT INFORMATION	<i>NAME</i>	<i>DATE OF BIRTH</i>	<i>HOME TELEPHONE</i>
	<i>ADDRESS</i>		<i>COUNTY</i>
SPOUSE’S INFORMATION	<i>NAME</i>	<i>DATE OF BIRTH</i>	<i>HOME TELEPHONE</i>
	<i>ADDRESS</i>		<i>COUNTY</i>
OTHER HOUSEHOLD MEMBERS	<i>NAME</i>	<i>RELATION TO PATIENT</i>	<i>AGE</i>
INCOME			
<i>Gross Salary</i>		<i>Social Security/Pension/Disability Income</i>	
<i>Spouse’s Gross Salary</i>		<i>Self-Employment Income</i>	
<i>Dividends and Interest</i>		<i>Unemployment Benefits</i>	
<i>Rental Income</i>		<i>Other – Please List</i>	
<i>Child Support/Alimony</i>			
TOTAL MONTHLY INCOME			

I understand that by completing this application, I am requesting that Granville Health System provide me with Financial Assistance. I further certify that all information that I have provided is accurate and that failure to provide accurate and truthful information may result in my application being denied.

GUARANTOR/PATIENT’S NAME	SIGNATURE	DATE
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For Office Use Only

Patient Name: _____
Approved Discount: _____
Approved by: _____
Date Approved: _____

Verification Checklist	Yes	No
Identification/Address: Driver’s license, utility bill, employment identification, or other		
Income: Prior year tax return, three most recent pay stubs, or other		

Self-declaration of income may also be used.